## APPLICATION FOR A PERMIT TO OPERATE A SEPTAGE DETENTION OR TREATMENT FACILITY

North Carolina Department of Environment and Natural Resources Division of Waste Management – Solid Waste Section 1646 Mail Service Center, Raleigh, NC 27699-1646

Operator and facility information					
1.	ApplicantAddress				
	Phone				
2.	Contact person for site operation (if different from applicant):  Title or position Phone  Address				
3	. LandownerAddress				
4	. Site location: County State Road Number Directions to site:				
5	5. Is the location on a permitted Septage Land Application Site?  If yes, give the site permit number here:				
6.	Indicate whether project is: new renewal modification  For a permit renewal or modification, indicate the existing permit number and the permit expiration date				
7.	Attach written, notarized landowner authorization to operate a septage storage or treatment facility form signed by the landowner (if the permit applicant does not solely own the property). If a corporation owns the land use a corporate landowner authorization form. If limited liability company owns the land, use a limited liability company landowner authorization form.				
8.	Aerial photograph scale 1 inch = 400 feet with site property lines accurately located on the photograph must be enclosed (if 1 inch = 400 feet is not available, 1 inch = 660 feet may be substituted).				
9.	Vicinity map (county road map showing site location).				
10	10. Land application site or wastewater treatment plant to be used after treatment or storage:				

(over)		mation: the following information shall be in	ncluded with the application form.		
1.	Facility to	be used for: Storage Treatme	nt		
2.	Types of	septage to be stored or treated: Domestic Se Portable Toil	eptage Grease Trap Pumpings let Waste Commercial/Industrial Septage		
3.	Types of	treatment to be provided: pH Adjustment (lim Screening	ne stabilization) Other (attach explanation if other)		
4.	4. A description of the proposed detention or treatment facility including the size, type, and number of structures to be used and how those structures will be constructed or installed (use additional paper to explain, if necessary):				
5.	•		o and removed from the facility (use additional pap	- Der	
	to expla	ain, if necessary):			
6.	6. An explanation of how any leaks or spills at the facility will be cleaned and how odors will be controlled (use additional paper to explain, if necessary):				
<ul> <li>I hereby certify that: <ol> <li>The information provided on this application is true, complete, and correct to the best of my knowledge, and</li> <li>I have read and understand the N.C. Septage Management Rules.</li> <li>I am aware of the potential consequences, including penalties and permit revocation, for fa follow all applicable rules and the conditions of a Septage Detention or Treatment Facility penalties.</li> </ol> </li></ul>					
		Signature*	Date		
		Print name	Title		

\*Signature of company official required.

Note: This application will not be accepted for review until all parts of the application are complete.

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